

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MCHENRY LEADERSHIP FUND

ADDRESS (number and street)

228 S WASHINGTON ST STE 115

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00544650

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Lisker

Signature of Treasurer

Lisa Lisker

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MCHENRY LEADERSHIP FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">1000.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">99000.00</span>	<span style="border: 1px solid black; padding: 2px;">99000.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">100000.00</span>	<span style="border: 1px solid black; padding: 2px;">100000.00</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">56500.00</span>	<span style="border: 1px solid black; padding: 2px;">56500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">43500.00</span>	<span style="border: 1px solid black; padding: 2px;">43500.00</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**MCHENRY LEADERSHIP FUND**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30500.00	30500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	30500.00	30500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	38500.00	38500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69000.00	69000.00
12. Transfers From Affiliated/Other Party Committees.....	30000.00	30000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	99000.00	99000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99000.00	99000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	55850.00	55850.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	650.00	650.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56500.00	56500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56500.00	56500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69000.00	69000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69000.00	69000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

## **A. Capitala Holdings LLC**

Mailing Address 4201 Congress Street  
Ste 360

City State Zip Code  
Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : SA11AI.4342**

Amount of Each Receipt this Period

25000.00

See Partner Memo

Full Name (Last, First, Middle Initial)

## **B. Lynne Girts**

Mailing Address 4201 Congress Street Ste 360

City State Zip Code  
Charlotte NC 28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Capitala Holdings LLC

CAO & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 31 2015

**Transaction ID : SA11AI.4342.0**

Amount of Each Receipt this Period

25000.00

Partner Memo - Capitala Holdings

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. Susan Brackin Hirschmann**

Mailing Address 4052 Seminary Rd

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Williams & Jensen

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 30 2015

**Transaction ID : SA11AI.4340**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. Judith Ring**

Mailing Address 806 Gavernie Ct

City

Crestview

State

FL

Zip Code

32539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Speedee Cash Management

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2015

**Transaction ID : SA11AI.4326**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Anthony Zagotta**

Mailing Address 1010 22nd Street NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integrated Legislative Strat.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : SA11AI.4336**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4000.00

30500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

## **A. ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)**

Mailing Address 101 CONSTITUTION AVE NW  
 SUITE 400W

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**02** / **10** / **2015**

**Transaction ID : SA11C.4328**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **B. ASSURANT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 501 WEST MICHIGAN STREET

City State Zip Code  
 MILWAUKEE WI 53203

FEC ID number of contributing  
federal political committee.

**C** C00185694

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**02** / **12** / **2015**

**Transaction ID : SA11C.4330**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE**

Mailing Address 601 13TH ST NW SUITE 580 SOUTH

City State Zip Code  
 WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00497917

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14350.00

Date of Receipt

**01** / **16** / **2015**

**Transaction ID : SA11C.4321**

Amount of Each Receipt this Period

14350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

## **A. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE**

Mailing Address 601 13TH ST NW SUITE 580 SOUTH

City State Zip Code  
 WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00497917

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

**02** / **10** / **2015**

**Transaction ID : SA11C.4353**

Amount of Each Receipt this Period

650.00

In-kind - Fundraising Consulting

Full Name (Last, First, Middle Initial)

## **B. ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
 INDIANAPOLIS IN 46285

FEC ID number of contributing  
federal political committee.

**C** C00082792

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2015**

**Transaction ID : SA11C.4343**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. IKARIA POLITICAL ACTION COMMITTEE -AKA- IKAREPAC**

Mailing Address 444 NORTH CAPITOL ST NW SUITE 830

City State Zip Code  
 WASHINGTON DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00463539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **26** / **2015**

**Transaction ID : SA11C.4338**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

## **A. SANDLER TRAVIS AND ROSENBERG P.A. POLITICAL ACTION COMMITTEE**

Mailing Address 1000 NW 57TH COURT  
SUITE 600

City State Zip Code  
MIAMI FL 33126

FEC ID number of contributing  
federal political committee.

**C** C00409250

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

**02** / **10** / **2015**

**Transaction ID : SA11C.4324**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

## **B. THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00039578

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**02** / **24** / **2015**

**Transaction ID : SA11C.4332**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. THE HARTFORD FINANCIAL SERVICES GROUP, INC. PAC (AKA THE HARTFORD ADVOCATES FUND)**

Mailing Address ONE HARTFORD PLAZA  
HO-1-11

City State Zip Code  
HARTFORD CT 06155

FEC ID number of contributing  
federal political committee.

**C** C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **11** / **2015**

**Transaction ID : SA11C.4334**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

38500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

## **A. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 1406

City  
HICKORY

State Zip Code  
NC 28603

FEC ID number of contributing  
federal political committee.

**C** C00393629

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

**01** / **16** / **2015**

**Transaction ID : SA12.4319**

Amount of Each Receipt this Period

20000.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. MORE CONSERVATIVES PAC (MCPAC)**

Mailing Address 228 S WASHINGTON ST STE 115

City  
ALEXANDRIA

State Zip Code  
VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00540187

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**01** / **16** / **2015**

**Transaction ID : SA12.4320**

Amount of Each Receipt this Period

10000.00

Transfer

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30000.00

30000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28603

Purpose of Disbursement  
Transfer-Reimbursement for initial funds

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 10

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Other

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

**Transaction ID : SB22.4345**

Amount of Each Disbursement this Period

13000.00
----------

Full Name (Last, First, Middle Initial)

**B. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28603

Purpose of Disbursement  
Distribution of Net Joint Funds

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 10

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

**Transaction ID : SB22.4347**

Amount of Each Disbursement this Period

22112.63
----------

Full Name (Last, First, Middle Initial)

**C. MCHENRY FOR CONGRESS**

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28603

Purpose of Disbursement  
Distribution of Net Joint Funds

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NC	District: 10

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

**Transaction ID : SB22.4348**

Amount of Each Disbursement this Period

4585.52
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

39698.15
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. MORE CONSERVATIVES PAC (MCPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Transfer-Reimbursement for initial funds

Candidate Name

Category/  
Type**Transaction ID : SB22.4346**

Amount of Each Disbursement this Period

7000.00
---------

Office Sought:	Disbursement For: 2015
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
State: District:	

Full Name (Last, First, Middle Initial)

**B. MORE CONSERVATIVES PAC (MCPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address 228 S WASHINGTON ST STE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Distribution of Net Joint Funds

Candidate Name

Category/  
Type**Transaction ID : SB22.4349**

Amount of Each Disbursement this Period

8859.17
---------

Office Sought:	Disbursement For: 2016
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Other
State: District:	

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Mailing Address 320 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
Distribution of Net Joint Funds

Candidate Name

Category/  
Type**Transaction ID : SB22.4350**

Amount of Each Disbursement this Period

292.68
--------

Office Sought:	Disbursement For: 2015
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other
State: District:	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16151.85
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55850.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MCHENRY LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

**A. DEPOSITORY TRUST AND CLEARING CORPORATION PAC - DTCC PAC; THE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Mailing Address 601 13TH ST NW SUITE 580 SOUTH

City	State	Zip Code
WASHINGTON	DC	20005

**Transaction ID : SB23.4354**Purpose of Disbursement  
In-kind - Fundraising Consulting

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

650.00
--------

Office Sought:	House	Disbursement For: 2015
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼    Other

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
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Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Other

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

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Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Other

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00
650.00